APR 1 6 2997

				Dookst No.							
CERTIFICATE OF		Docket No.									
Applicant(s): J. Spencer		36360/1.13									
Application No.	Filing Date	Examiner		Group Art Unit							
09/815,885	March 23, 2001	Jessica L. Reidel		3766							
Invention: METHOD AND APPARATUS FOR CHARACTERIZING AND ESTIMATING THE PARAMETERS OF HISTOLOGICAL AND PHYSIOLOGICAL BIOMETRIC MARKERS FOR AUTHENTICATION											
I hereby certify that this		See below: (Identify type of correspondence)									
is being facsimile transn	nitted to the United States Pater	t and Trademark Office (Fax.	No. 57	1-273-8300							
on April 6	_, 2007										
		John R. Th	om near	•							
	-	(Typed or Printed Name of Per									
John R. Hompson (signature)											
Note: Each paper must have its own certificate of mailing.											
Transmittal: Amendment Transmittal Letter (1 pg.) Amendment and Response (12 pgs.) PTO-2038 Credit Card Payment Form in the amount of \$450.00											
	To	tal: 15pgs									
		· .									

AMENDMENT TRANSMITTAL LETTER (Small Entity)  APR   1 8 2007   Docket No. 36360/1.13											
Application No.	Filing Date	Examiner			o. 0	Froup Art Unit	Confirmation No.				
09/815,885	March 23, 2001	Jessica L. Reidel		32642		3766	7395				
Invention:  METHOD AND APPARATUS FOR CHARACTERIZING AND ESTIMATING THE PARAMETERS OF HISTOLOGICAL AND PHYSIOLOGICAL BIOMETRIC MARKERS FOR AUTHENTICATION											
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.											
Applicant claims small entity status. See 37 CFR 1.27  The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	CLAIMS REMAINING	HIGHEST#	NUMB	ER EXTRA			ADDITIONAL				
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE				
TOTAL CLAIMS	38 - ·	20 =		18 :	x	\$25.00	\$450.00				
INDEP. CLAIMS	2 -	3 =		0 ;	x	\$100.00	\$0.00				
Multiple Depende	Multiple Dependent Claims (check if applicable)										
		TOTAL ADDITIONAL	FEE FC	R THIS AME	ND	MENT	\$450.00				
No additional fee is required for amendment.   Please charge Deposit Account No. in the amount of   A check in the amount of to cover the filling fee is enclosed.   The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502375   Any additional filling fees required under 37 C.F.R. 1.16.   Any patent application processing fees under 37 C.F.R. 1.17.   Payment by credit card. Form PTO-2038 is attached.   WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    Dated: April   D   2007											

STOEL RIVES

RECEIVED
CENTRAL FAX CENTER

APR 1 8 2007

Docket No. 36360/1.13 (formerly 9437.11)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

J. Spencer Grant et al.

Confirmation No. 7395

Application No. 09/815,885

Filed: March 23, 2001

For: METHOD AND APPARATUS FOR

CHARACTERIZING AND

**ESTIMATING THE PARAMETERS OF** 

HISTOLOGICAL AND

PHYSIOLOGICAL BIOMETRIC
MARKERS FOR AUTHENTICATION

Group Art Unit: 3766

Examiner: Jessica L. Reidel

Date: April 16, 2007

## AMENDMENT AND RESPONSE

TO THE COMMISSIONER FOR PATENTS:

This is a Response to the Office Action mailed March 14, 2003.

A Listing of the Claims begins on page 2 of this paper.

04/17/2007 TL0111 00000003 09815885

01 FC:2202

450.00 OP

Remarks begin on page 12 of this paper.

SaltLake-308302.1 0036360-00001